Statutory Language (W&I Code, Division 5, Part 3.6, Section 5840) for PEI:

PART 3.6 PREVENTION AND EARLY INTERVENTION PROGRAMS

5840. (a) The Department of Mental Health shall establish a program designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations.

(b) The program shall include the following components:

(1) Outreach to families, employers, primary health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

(2) Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, as defined in Section 5600.3, and for adults and seniors with severe mental illness, as defined in Section 5600.3, as early in the onset of these conditions as practicable.

(3) Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services.

(4) Reduced discrimination against individuals and their families living with mental illness.

(c) The program shall include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.

(d) The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

(1) Suicide.
(2) Incarcerations.
(3) School failure or dropout.
(4) Unemployment.
(5) Prolonged suffering.
(6) Homelessness.
(7) Removal of children from their homes.

(e) In consultation with mental health stakeholders, the department shall revise the program elements in Section 5840 applicable to all county mental health programs in future years to reflect what is learned about the most effective prevention and intervention programs for children, adults and seniors.

5840.(2)(a) The department shall contract for the provision of services pursuant to this part with each county mental health program in the manner set forth in Section 5897.

Appendix 2: Budget and Planning Worksheets

1. Program and Expenditure Plan Face Sheet (Form # 1)
2. Community Program Planning Process (Form # 2)
3. PEI Workplan Summary (Form # 3)
4. Instructions for Preparing the PEI Workplan Summary
5. PEI Revenue and Expenditure Budget Worksheet (Form # 4)
6. Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet
7. Administrative Budget Worksheet (Form # 5)
8. Instructions for Preparing the Administrative Budget Worksheet
9. Prevention and Early Intervention Budget Summary (Form # 6)
10. Local Evaluation for a Workplan (Form # 7)
11. Instructions for Preparing the Local Evaluation for a Workplan

PEI PROGRAM AND EXPENDITURE PLAN FACE SHEET
Form No. 1

MENTAL HEALTH SERVICES ACT (MHSA)
PROGRAM AND EXPENDITURE PLAN
PREVENTION AND EARLY INTERVENTION
Fiscal Years 2007-08 and 2008-09

County Name:	Date:

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	**Project Lead**
Name:	Name:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
E-mail:	E-mail:
Mailing Address:	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct, and in accordance with the law. Furthermore, I agree to conduct a local outcome evaluation for at least one PEI strategy, as identified in the County PEI Plan, in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature

County Mental Health Director Date

Executed at _____, California

COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: **Date:**

1. **The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:**

   a. The overall Community Program Planning Process

   b. Coordination and management of the Community Planning Process

   c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

2. **Explain how the county ensured that the stakeholder participation process accomplished the following objectives:**

   a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender and race/ethnicity

c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects

b. Participation of stakeholders as defined in Section 3200.270, CCR, including, but not limited to:
   - Individuals with serious mental illness and/or serious emotional disturbance and/or their families
   - Providers of mental health and/or related services such as physical health care and/or social services
   - Educators and/or representatives of education
   - Representatives of law enforcement
   - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

c. Training for county staff and stakeholders participating in the Community Program Planning Process

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

a. The lessons learned from CSS process and how these were applied in the PEI process

b. Measures of success that outreach efforts produced an inclusive and effective community program planning process

5. Provide the following information about the required county public hearing:

a. The date of the public hearing

b. A description of how the plan was circulated to representatives of stakeholder interests and any other interested parties who requested it

c. A summary and analysis of any substantive recommendations for revisions

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.

PEI WORKPLAN SUMMARY

Form No. 3

County: **Workplan Name:** **Date:**

Complete one Form No. 3 for each workplan. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition -Age Youth	Adult	Older Adult
Select as many as apply to this workplan:				
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	☐	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population **Note: All workplans must address underserved cultural populations**	**Age Group**			
	Children and Youth	Transition -Age Youth	Adult	Older Adult
A. Select as many as apply to this workplan:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of Juvenile Justice Involvement	☐	☐		

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

3. Work Plan Description: (attach additional pages, if necessary):

PEI WORKPLAN SUMMARY

Form No. 3

4. Strategies

Strategy Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL WORK PLAN ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** **Families**:	**Individuals:** **Families**:	

5. Alternate Strategies

☐ Please check box if any of the strategies listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate strategies (refer to Instructions for Form No. 3).

6. Linkages to County Mental Health and Providers of Other Needed Services

7. System Enhancements

8. Intended Outcomes

9. Coordination with Other MHSA Components

DRAFT--07-16-07

Instructions for Preparing the PEI Workplan Summary (Form No. 3)

Complete a separate Form No. 3 for each PEI workplan.
Provide county name, name of workplan, and date of form completion.

1. PEI Key Community Mental Health Needs

   Indicate by checking the age groups (as many as apply) that will be served from each of the key community mental health needs that apply to this PEI workplan

2. PEI Priority Population

   A. Indicate by checking the age groups (as many as apply) that will be served from each of the priority populations that apply to this PEI workplan

   B. Provide a summary of input and data analysis that resulted in the selection of the priority population(s)

3. Workplan Description

   Briefly describe the PEI workplan including the following:

   - Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.
   - Target community demographics, including a description of the underserved racial, ethnic and/or cultural populations to be served
   - Highlights of new or expanded programs

4. Strategies

   If any portion of this workplan was previously funded by CSS, provide a rationale for transferring the activity to PEI funding.

   Refer to the referenced PEI Resource Materials for examples of strategies. List the name of each strategy. Indicate the proposed number of individuals or families to be served in prevention, early intervention or both through the new program or expansion through 2009 and the number of months the program will be in operation through June 2009. Please indicate for each strategy whether the numbers refer to individual persons or to families. Since some individuals may receive services through more than one strategy the numbers of persons on the page may be a duplicated count. Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals and families to be served through the strategies in the workplan for prevention and separately for early intervention. The count can be duplicated across prevention and early intervention, i.e. one individual may be counted in both areas.

5. Alternate Strategies

   Indicate by checking the box if any of the strategies selected are not from the example PEI strategies listed in the PEI Resource Materials. Provide a narrative that describes the rationale for selection of the strategy, including the following:

   - The strategy has been selected based on a logic model (conduct an inclusive community planning process, identify desired PEI outcomes, match an appropriate strategy, evaluate results and improve programs)
   - The strategy is likely to achieve the desired PEI outcomes (evidence-based practices, promising practices and/or locally proven practices), particularly among underserved populations to be served.
   - The strategy is sufficiently developed to carry out with fidelity
   - The strategy is consistent with the PEI Community Needs, Priority Populations and principles

6. Linkages to County Mental Health and Providers of Other Needed Services

   - Describe how the workplan links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers
   - Describe how the workplan links individuals and family members to other needed services, particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs
   - Demonstrate that the workplan includes a combination of prevention programs and, for those individuals who need it, early intervention to achieve desired PEI outcomes

7. System Enhancements

   - Describe what partnerships will be established in this workplan
   - Describe how resources will be leveraged
   - Describe how the strategies in this workplan will be sustained

8. Intended Outcomes

   - Describe intended individual outcomes
   - Describe intended system and program outcomes
   - Describe other proposed methods to measure success

9. Coordination with Other MHSA Components

   - Describe coordination with CSS
   - Describe intended use of Workforce Education and Training funds for PEI Programs
   - Describe intended use of Capital and Technology funds for PEI programs

DRAFT--07/16/07

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each selected PEI provider.

County Name: Date: _____

Workplan Name:
Provider Name (if known):
Intended Provider Category:

Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 _____
Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
Total Number of Individuals to be served through PEI Expansion: FY 07-08 _____ FY 08-09 _____
Months of Operation: FY 07-08 _____ FY 08-09 _____

	Total Strategy/Workplan Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
_____			$0
_____			$0
_____			$0
b. Benefits and Taxes @ %			$0
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$0	$0
c. Total Operating Expenses	$0	$0	$0
3.**Subcontracts/Professional Services (list all subcontracts)			
_____	$0	$0	$0
_____	$0	$0	$0
_____	$0	$0	$0
a. Total Subcontracts	$0	$0	$0
4. Total Proposed PEI Workplan Budget	$0	$0	$0
B. Revenues (by fund source)			
_____	$0	$0	$0
_____	$0	$0	$0
_____	$0	$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Workplan	$0	$0	$0
6. Total In-Kind Contributions	$0	$0	$0

DRAFT--07-16-07

Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet and Budget Narrative (Form No. 4)

Counties are required to complete the Prevention and Early Intervention Revenue and Expenditure Budget Worksheet and accompanying narrative to obtain funding. A separate budget worksheet should be prepared for each PEI workplan for fiscal years 2007-08 through 2008-09. Below are the specific instructions for preparing the Prevention and Early Intervention Revenue and Expenditure Budget Worksheet.

General Instructions:
Round all expenditures to the nearest whole dollar.
For expansion of existing programs or services, enter current funding and revenues currently incurred as well as the proposed expansion of expenditures and revenues under the MHSA so that total program or service expenditures and revenues are included in the budget.

Counties will not be held to individual budget line items but to the overall budget. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI programs.

Heading Instructions:
Enter date budget worksheet was prepared.
Enter the county name or county names if multiple counties are proposing to operate or provide the services jointly. Indicate the name of the workplan. Enter the provider name if known and the proposed category of organization from the drop down menu (county agency, Ethnic or cultural organization, Family resource center, Mental health treatment/service provider, Older adult service center, Primary health care, PreK-12 school, University/College/Community College, Youth center, Other)
Enter the number of proposed individuals to be served in FY 07-08 and FY 08-09.
Enter the number of individuals currently served by the existing program for FY 07-08 to 08-09.
The number of Individuals to be served through the PEI expansion is automatically calculated as the difference between total individuals to be served and currently served individuals.
Enter number of months of operation for each fiscal year.

Line Item Instructions:

A. EXPENDITURES

1. Personnel Expenditures:
a. Salary and wages - Enter the personnel expenditures for the provider.
b. Employee Benefits - Enter budgeted employee benefits. This includes: FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. An average of current employee benefits may be used to estimate these amounts.
c. Total Personnel Expenditures is automatically calculated and is the sum of lines 1a and 1b.

2. Operating Expenditures:
a. Facility Cost - Enter total budgeted amount to be incurred for facility cost.
b. Other Operating – Enter budget amount to be incurred in all other (non-facility) operating expenditures including postage, photocopy expenses, office supplies, other supplies, communication services, utilities and equipment, staff development and other operating expenses.
c. Total Operating Expenses – is automatically calculated and is the sum of lines 2a. and 2b.

3. Subcontracts/Professional Services:
List each subcontract and its total budget amount as a separate budget line item. List subcontracts by organization name (if known) and by purpose.

Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet and Budget Narrative (Form No. 4)

4. Proposed PEI Workplan Budget:
Total Proposed PEI Workplan Budget is automatically calculated and is the sum of lines 1c, 2 c, and 3a.

B. REVENUES
Enter the amount and sources of revenues expected from providing new or expanded services under this workplan. Services and costs may be eligible for Medi-Cal, Medicare and other reimbursement. The county may be able to leverage other funds through funding partners. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures from the proposed budget amounts from Section A.

5. Total Funding Requested for PEI Workplan:
This amount is automatically calculated and equals the total proposed budget (line 4) less total estimated revenues (line B.1). This reflects the amount of funding requested for this program/service under the MHSA. Counties submitting a joint program budget should describe in the budget narrative the amount of funding required for each individual county. It is suggested that counties use the estimated percent of individuals to be served from each county to estimate the funding required for each individual county.

6. Total In-Kind Contributions:
This amount is calculated by payments made in the form of goods and services, rather than cash.

Budget Narrative Instructions:
Counties must also prepare a budget narrative that provides a brief description of Proposed Expenses and Revenues and the source documents and approach used by the county to estimate budget amounts. In the budget narrative, indicate which personnel positions will be filled by mental health clients and family members.

NOTE: Counties will be required to report PEI expenditures actually incurred by workplan on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

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PEI Administration Budget Worksheet

Form No.5

County: _____ Date: _____

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					$0
b. PEI Support Staff					$0
c. Other Personnel (list all classifications)					$0
_____					$0
_____					$0
_____					$0
					$0
d. Employee Benefits					$0
e. Total Personnel Expenditure			$0	$0	$0
2. Operating Expenditures					
a. Facility Costs			$0	$0	$0
b. Other Operating Expenditures			$0	$0	$0
c. Total Operating Expenditures			$0	$0	$0
3.County Allocated Administration					
a. Total County Administration Cost			$0	$0	$0
4. Total PEI Funding Request for County Administration Budget			$0	$0	$0
B. Revenue					
1 Total Revenue					$0
C. Total County Administration Funding Requirements			$0	$0	$0
D. Total In-Kind Contributions			$0	$0	$0

DRAFT--07-16-07

Instructions for Preparing PEI Administration Budget Worksheet for Form No. 5

Counties are required to complete the PEI Administration Budget worksheet. Below are the specific instructions for preparing the attached PEI Administration Budget worksheet.

General Instructions:
Round all expenditures to the nearest whole dollar. Round FTE counts to two decimals. Only county administrative costs should be shown on the PEI Administration Budget Worksheet. Contract providers and other county governmental organizations with management and support costs should show those budgeted expenditures in the relevant PEI workplan budget worksheet.

Counties will not be held to individual budget line items but to the overall budget. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI programs.

Heading Instructions:
Enter the county name or county names if multiple counties are proposing to administer PEI services jointly.
Enter the date the budget worksheet is prepared.

Line Item Instructions:

A. EXPENDITURES

1. Personnel expenditures:

a. PEI Coordinator(s) - Enter the number of client, family member and caregiver FTEs, the total number of FTEs (including client, family, caregiver FTEs) and the salary expenditures for the county's PEI coordinator. If this position is not full-time on PEI administrative activities, enter the partial FTE and corresponding salary related to PEI administration.
b. PEI Support Staff - Enter the number of client, family member and caregiver FTEs, the total number of FTEs and the salary expenditures for the county's MHSA support staff.
c. Total FTEs/Salaries - This amount is automatically calculated and is the sum of lines 1a through 1c.
d. Employee Benefits - Enter budgeted employee benefits. This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. An average of current employee benefits may be used to estimate these amounts.
e. Total Personnel Expenditures is automatically calculated and is the sum of lines 1a and 1e.

2. Operating Expenditures:

a. Facility Cost- Enter the total amount to be incurred for facility costs.
b. Other Operating Expenditures – Enter the total amount to be incurred for professional services (e.g., amounts to be incurred for consulting, facilitation and other professional services), general expenditures including postage, photocopy expenses, office supplies and other supplies, travel and transportation e.g. hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses, equipment and utilities including room rental for meetings, equipment rentals, telecommunication costs and utilities and other operating expenses.

3. County Allocated Overhead:

a. Countywide Administration (A-87) – This includes A-87 costs attributable to PEI programs and county allocated administrative costs. These costs could include centralized accounting or purchasing costs not included in the A-87 allocation or the other personnel expenditures. Enter total County Allocated Administration in line 3a.

Instructions for Preparing PEI Administration Budget Worksheet for Form No. 5

B. REVENUE

a. Enter the amount of revenues expected to be generated in providing new or expanded services under this program/service. Many of the services and costs under the MHSA are eligible for Medi-Cal, Medicare and other reimbursement. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures using the proposed budget amounts from Section A.

C. TOTAL FUNDING REQUIREMENTS

This amount is automatically calculated and equals the total PEI Funding Request for county administration budget (line 4) less total estimated revenues (line B 1). This reflects the amount of funding requested for county administration under PEI.

D. TOTAL IN-KIND CONTRIBUTIONS

This amount is calculated by payments made in the form of goods and services, rather than cash.

BUDGET NARRATIVE INSTRUCTIONS: Counties must also prepare a budget narrative that describes line items in the budget and the approach used by the county to estimate budget amounts and source of documents for the development of the budget. Please indicate current, existing positions, if any, number, classifications, C/FM positions and a brief description of each FTE's functions.

NOTE: Counties will be required to report PEI expenditures actually incurred by workplan on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

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PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

Instruction: Please provide a listing of all Workplans submitted for which PEI funding is being requested. This form provides a Workplan number and name that will be used consistently on all related workplan documents. It identifies the funding being requested for each workplan from the form No. 4 for each workplan by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5.

County:	
Date:	

		Fiscal Year			Funds Requested by Age Group			
#	List each Workplan	**FY 07/08**	**FY 08/09**	**Total**	Children, Youth, and their Families	Transition Age Youth	Adult	Older Adult
		$0	$0	$0	$0	$0	$0	$0
				$0				
				$0				
				$0				
				$0				
				$0				
				$0				
				$0				
				$0				
	Administration			$0				
	Total PEI Funds Requested:	$0	$0	$0	$0	$0	$0	$0

LOCAL EVALUATION OF A WORKPLAN

County: Date:

Workplan Name:

1. a. Identify the strategies (from Form No. 3 PEI Workplan Summary), the county will evaluate and report on to the State.

1. b. Explain how this workplan and its strategies were selected for local evaluation.

2. What are the expected person-level and system-level outcomes for each strategy?

LOCAL EVALUATION OF A WORKPLAN

3. Describe the numbers and types of persons to receive this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the page may be a duplicated count. For "other", provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American							
Asian Pacific Islander							
Latino							
Native American							
Caucasian							
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL							

LOCAL EVALUATION OF A WORKPLAN

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

5. How will data be collected and analyzed?

6. How will cultural competency be incorporated into the strategies and the evaluation?

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

8. How will the report on the evaluation be disseminated to interested local constituencies?

DRAFT--07-16-07

Instructions for Completing the Local Evaluation for A Workplan (Form No. 7)

The purpose of the local evaluation of the strategies within a workplan is to encourage counties to specify the expectations for what the strategies are intended to accomplish, to assess how well they do that, to share that information with relevant stakeholders, and to expand and/or revise the strategies (and workplan of which they are a part) in accord with the evaluation results.

For the local evaluation the county will select one of its workplan and the strategies within that workplan for the evaluation.

The state recognizes that counties vary substantially in their capacity to undertake rigorous evaluation activities. The state will review the evaluation plans with this in mind. Counties do not need to propose complicated rigorous methodologies that are beyond their capacity to implement.

The state also recognizes that evaluation plans cannot be finalized until workplans are more fully developed than they might be at the time the County Plan is submitted. Again, the state will review the evaluation methodology with this in mind. The county should be as detailed as possible given the state of development of the workplans.

The state expects the county to conduct an evaluation which addresses both individual/family and program/system level outcomes. Inclusion of an assessment of long-term community outcomes is optional.

The county may conduct the evaluation itself or contract with an independent evaluator. If the latter approach is used the evaluator can select additional measurement and evaluation strategies but should at a minimum cover the items cited below.

The county should address all the following items in its description of its evaluation plan for one strategy.

1) Specify the <u>workplan to be evaluated and briefly describe how the selection was made</u>.

The selection of the workplan and strategies to be evaluated should be an issue addressed by stakeholders in the planning process. It is recommended that the following be considered in this selection.

- The extent of resources devoted to the workplan and strategies. The greater the resources the more likely there will be a sizable impact which can be measured.
- The clarity of the outcomes. The clearer the goals and objectives of the strategies the easier it will be to do the evaluation.

- The relevance and importance of the strategies. The more importance the stakeholders place on the strategies the greater the pressure on all involved to participate actively in the evaluation.
- The capacity of partner organizations to participate in the evaluation. The greater the capacity of the partner entities to collect data on a consistent fashion the greater the reliability of the results.

2) Specify the outcomes for the strategies

Specify the outcomes for the strategies. Outcomes should be specified at the individual/family and at the program/system level. Person-level outcomes refer to expected changes for the specific persons who are the recipients of the program/activity. Counties should look first to find person-level outcomes which have been used in studies done about each strategy.

System level outcomes refer to kinds of things which will be done to implement the strategy. They can be as simple as the partner agency contributing some resources and implementing the program or as advanced as a change in attitudes of the staff in the partner agency or the improvement in the quality of the relationship between mental health and the partner agency.

The outcomes should be specific to each strategy. They may be the same or similar to those for the larger workplan, but they should be things which will be affected by the particular program/activity strategy.

3) Specify the expected numbers and types of persons to receive the intervention

The number of persons who will be recipients of each strategy (activity/approach/program) should be specified according to the following descriptors. The descriptors are intended to provide (1) a basic demographic picture and (2) an indication of the type of priority populations.

- Individual or family focus – is the activity designed for individuals or families?
- Age
- Gender
- Ethnicity
- Culture
  If selecting “other” for Ethnicity and Culture, identify to the extent possible.
- Priority population conditions/situations
  - Exposure to trauma
  - High risk or presence of early signs of serious mental illness
  - Children and youth living in or having been exposed to a stressed family
  - Children and youth at risk of school failure because of unaddressed emotional and behavioral problems

- Risk of or actual contact with juvenile justice system for children and youth with behavioral and emotional problems
- At risk for suicide

It is understood that these will be only estimates.

The county should also make an estimate of the total unduplicated count of individuals and families that will be reached by the strategy. The county should specify the methodology it intends to use to make this estimate.

4) Specify how the achievement of outcomes will be measured.

For each person-level and system-level outcome cited above the county should specify how it will measure its success at achieving the outcome. This entails the following steps.

- How will the outcome be measured? There are a variety of ways of measuring outcomes – some possibilities are suggested below:
  - Counting (e.g. percent of persons referred who receive a MH service, number of individuals/families from underserved communities served, number of prevention programs started in partner organizations)
  - Instruments to measure conditions (e.g. isolation; knowledge of social, emotional issues; mental health status)
  - Judgments made by evaluators (e.g. capacity of partner organizations to provide PEI services, quality of cooperative relationships, enhanced mental health promotion environment in partner organizations)
  - Data from other data sources (e.g. school records of drop-outs, expulsions, suspensions; school records of violent incidents; juvenile justice records of contacts)
- Who and/or what will be measured? The county should specify which persons will be assessed for the person-level outcomes. This can be all or a sample of individuals who receive the program/activity.
- When will outcomes be measured? The county needs to specify when and how often it will apply the measurement of the various outcomes.
  - Many person-level outcome measurements will lend themselves to a pre and post measurement design as the best way to document change (e.g. for changes in attitudes and knowledge or changes in mental status or changes in incidents of violence).
  - For some outcomes that involve the counting of occurrences of things the data is collected on an ongoing basis and summarized at the end of a particular time period, e.g. a year.
  - For some outcomes there will be a one-time measurement at the end of some time period, e.g. assessment of quality of partner

organization relationships. This kind of measurement can be repeated at the end of a second time period after the program has been in operation longer.

5) Describe how data will be collected and analyzed

The county should specify who will be responsible for collecting the data and where and when it will be collected. Because these activities/approaches/programs will often occur at non mental health sites it will be critical to have arrangements with the partner entities about the details of the data collection activity.

The county should specify who will be responsible for the analysis of the data. The county should also specify the basic analytic methods that will be used.

6) Describe how the strategies and the evaluation will be culturally competent.

The county should specify how it will design or adapt the strategies to be culturally appropriate and how it will approach and conduct the evaluation in a way which is sensitive to and respectful of ethnic and cultural factors. This includes not only issues of bilingual bicultural persons involved in the evaluation and the use of translated and culturally appropriate measurements but also awareness that the most important outcomes for a particular culture are part of the evaluation.

7) What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

8) Describe how the report on the evaluation will be disseminated to interested local constituencies.

The county should specify how it will disseminate the evaluation results, beyond providing reports to the State.

GLOSSARY OF PREVENTION AND EARLY INTERVENTION ACRONYMS, TERMS, AND DEFINITIONS

ACRONYMS

CMHDA: California Mental Health Directors Association

CSS: Community Services and Supports

DMH: Department of Mental Health (State of California)

DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

MHSA: Mental Health Services Act

MHSOAC: Mental Health Services Oversight and Accountability Commission

IOM: Institute of Medicine

OAC: Oversight and Accountability Commission

PEI: Prevention and Early Intervention

PCP: Primary Care Provider

SAMHSA: Substance Abuse and Mental Health Services Administration

W&I Code: Welfare and Institutions Code

TERMS AND DEFINITIONS

Access
"Access" means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural appropriateness, transportation needs, and cost of services. [SAMHSA]

Assessment
"Assessment" means a professional review and evaluation of an individual's mental health needs and conditions, in order to determine the most appropriate course of treatment, if indicated. [SAMHSA]

At Risk for Suicide
"At Risk for Suicide" means those individuals or population groups who demonstrate a higher likelihood than average to commit suicide.

Children and Youth in Stressed Families
"Children/Youth in Stressed Families" means families where parental conditions place children at high risk of behavioral and emotional problems, such as parents identified with mental illness, serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.

Community-defined Evidence
"Community-defined evidence" defines evidence-based practices as those that address the needs of underserved communities. There are efforts at the national level to begin documenting an evidence base that is community-defined and to develop criteria that describes "community-defined evidence." [National Network to Eliminate Disparities Latino Work Group]

Co-occurring Disorders
"Co-occurring disorders (COD)" means two or more disorders occurring to one individual simultaneously. Clients said to have COD have more than one mental, developmental, or substance-related disorder, or a combination of such disorders. COD exists when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

Cultural Competence
"Cultural Competence" means incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.

(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.

(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.

(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.

(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.

(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.

(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.

(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community. [MHSA Regulations]

Differential Response
"Differential Response" means counties respond differently to the numerous reports of abuse and neglect that child welfare agencies receive each year. This approach improves a community's ability to keep children safe. This is accomplished by responding earlier and more meaningfully to reports of abuse and neglect, before family difficulties escalate to the point of harm. [California Family Resource]

Draft Proposed Guidelines
"Draft Proposed Guidelines" means the "Prevention and Early Intervention Program and Expenditure Plan Proposed Guidelines" in the process of being developed, reviewed, and finalized, including stakeholder input collected during the statewide formal stakeholder meeting process. Upon final approval and implementation of the Draft Proposed Guidelines and regulations, they will be retitled: "Prevention and Early Intervention Three-Year Program and Expenditure Plan Guidelines".

Early Intervention
"Early Intervention" means a process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. [SAMHSA]

Early Treatment
"Early Treatment" means treating a mental health problem as early as possible after its detection, in order to achieve the best outcome for the individual's mental health. [Alegent Health]

Emerging Best Practices
"Emerging Best Practices" refer to treatments and services with a promising, but less thoroughly documented, evidentiary base. [President's New Freedom Commission]

Evidence-based Practice
"Evidence-based Practice" means the range of treatment and services of well-documented effectiveness. An evidence-based practice has been, or is being evaluated and meets the following criteria:

- Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive public health outcomes.
- Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in public health research literature. [President's New Freedom Commission; Association of MCH Programs]

First Onset
"First Onset" (or "First Break") means the first episode of serious mental illness in an individual's life.

Gatekeeper
"Gatekeeper" means those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. [National Strategy for Suicide Prevention]

Health-based Interventions
"Health-based interventions" means strategies designed to be used within a healthcare setting to assist trained healthcare providers in identifying, screening, assessing, and treating or referring, individuals with, or at risk for, mental health problems.

Historical Trauma
"Historical Trauma" means memories passed from one generation to the next; e.g., hardships experienced by Native American populations, Japanese internment or Holocaust victims, refugees escaping war, slavery descendents, etc. Also referred to as "intergenerational trauma."

Individuals Experiencing Onset of Serious Psychiatric Illness
"Individuals Experiencing Onset of Serious Psychiatric Illness" means those individuals identified by providers, including but not limited to primary health care, as presenting signs of mental illness "first break" (or "first onset") and are unlikely to seek help from any traditional mental health service." [MHSOAC]

Intervention
"Intervention" means the act of intervening, interfering or interceding with the intent of modifying the outcome. In health and mental health, an intervention is usually undertaken to help treat or cure a condition. [MedicineNet.com]

Juvenile Justice Involvement
"Juvenile Justice Involvement" means children and youth at risk of first, or any, contact with any part of the juvenile justice system, and who also have signs of behavioral and emotional problems. [MHSAOAC]

Mental Health Disorder
"Mental Health Disorder" means a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. [Australia's MH Action Plan]

Mental Health Integration
"Mental Health Integration" means to combine mental health assessment, treatment and/or referral into the primary health care system for the purpose of preventing the development of serious emotional disorders and mental illness and increasing access to mental health services for underserved populations.

Mental Health Problem
"Mental Health Problem" means diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met. [Australia's MH Action Plan]

Mental Health Promotion
"Mental Health Promotion" means an action or series of actions taken to maximize mental health and well-being among populations and individuals.
[Australia's MH Action Plan]

Posttraumatic Stress Disorder
"Posttraumatic Stress Disorder" means an anxiety disorder that develops as a result of witnessing or experiencing a traumatic occurrence, especially life-threatening events.
[SAMHSA]

Prevention
"Prevention" means a strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors, and reduces long-term healthcare costs.
[National Strategy for Suicide Prevention]

Primary Care
"Primary Care" means basic or general health care usually rendered by general practitioners, family practitioners, internists, obstetricians, and pediatricians, who are often referred to as primary care practitioners or PCPs. [Plexis Managed Care Glossary]

Priority Population
"Priority Population" means a specific group of individuals defined by the Oversight and Accountability Commission as a population who should receive priority consideration by counties when determining who will receive PEI services. Priority populations include:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children and Youth in Stressed Families
- Trauma-Exposed
- Children and Youth at Risk for School Failure
- Children and Youth at risk of Juvenile Justice Involvement

Prodrome (Prodromal Syndromes)
"Prodrome" means the period in the course of a disorder when some signs and symptoms are present but the full-blown criteria are not yet met. Traditionally, the prodrome can be defined only retrospectively, after the individual has met the full criteria for the disorder.

Promising Practice
"Promising Practice**"** means programs and strategies that have some quantitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. It has an evaluation component/plan in place to move towards demonstration of effectiveness; however, it does not yet have evaluation data available to demonstrate positive outcomes. [The Association of Maternal and Child Health Programs]

Referral
"Referral" means the process of sending an individual from one practitioner to another for health care or mental health services. [Plexis Managed Care Glossary]

Resiliency
"Resiliency" means the ability to thrive, mature, and increase competence in the face of adverse circumstances, whether biological or environmental, chronic or consistent, severe or infrequent. To do this, a person must draw upon all of his or her resources: biological, psychological, and environmental. Resilience focuses on the positive, and focuses on strengths. However, it is important to remember that resilient people are not perfect, and that they usually have emotional difficulties and stress-related health problems. They still need support even though they display competence. There are some characteristics that are common among resilient people, including good social skills, excellent reasoning ability, autonomy and an internal locus of control. Resilient people share some other factors as well, including emotional support within their families and the community. For example, within the community, resilient children find emotional support by having at least one friend and a network of relatives, neighbors, peers, and elders for counsel and support in a crisis. Education also plays an important role in their lives. They have a least one teacher who is a role model, friend, and confidant. Extra-curricular activities are related to their resilience status, as well. Some persons find emotional support from a church leader—faith gives their lives meaning and helps them to feel they have control over their fate. Many resilient people also share a desire to contribute to the enhancement of family and community. Sir Michael Rutter (1995), developed this list of resilience-fostering categories: reducing the personal impact of risk experiences, reducing negative chain reactions, promoting self-esteem, opening up positive opportunities, and the positive cognitive processing of negative experiences.
[Kimberly A. Gordon Rouse, 1995; Emmy Werner, 1994]

School-based Interventions
"School-based interventions" means a unifying intervention framework and strategic plan for school-based Prevention and Early Intervention programs. The framework and plan must encompass a comprehensive approach to enhance regular classroom strategies to enable learning; support students during vulnerable periods of transition (e.g., to a new school or to a new class); increase and strengthen home and school connections; identify and support trauma-exposed students; respond to and prevent crises; increase and strengthen community involvement and support (e.g., health services, tutoring, volunteer programs, mentoring programs, family resource centers); and facilitate student and family access to effective services and special assistance as needed.

School Failure
"School Failure" means the process of an individual experiencing continued lack of academic success and achievement based on learning disabilities, emotional disorders, family stress, and/or other conditions that, if not resolved, may result in suspension, truancy, and/or expulsion.

Screening
"Screening" means a process used to identify individuals with an increased risk of having mental health disorders that warrant immediate attention, intervention, or more comprehensive review. [MedicineNet.com]

Serious Emotional Disturbance
"Serious Emotional Disturbance" means diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. SEDs affect one in ten young people, and include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders. [SAMHSA]

Serious Psychiatric Illness
"Serious Psychiatric Illness" means a disorder of the brain that results in a disruption in a person's thinking, feeling, moods, and/or ability to relate to others. [en.wikipedia]

Short Duration
"Short Duration" means the one year or less that PEI funds early intervention services (refer to "early intervention" definition in this Glossary), and meets all of the conditions listed on Page 4 of these PEI Draft Proposed Guidelines. It is separate and distinct from the "Short Term" definition under CSS, which is described as not exceeding 30 days of short-term acute inpatient (hospitalization) services.

Distinction in Intent and Practice between PEI and CSS*:* The intent of the CSS outreach and engagement strategies is to reduce the barriers to services for individuals who would otherwise qualify for CSS mental health services; i.e., persons with serious mental illness or children/youth with serious emotional disturbances. The intent of the PEI strategies is to engage persons prior to the development of serious mental illness or serious emotional disturbances. Early intervention is directed at people who may have symptoms of a problem but don't yet have a diagnosis and for whom **short-duration** interventions are appropriate to address a mental health problem.

Serious Mental Illness
"Serious Mental Illness" means persons: (1) age 18 and over; and (2) who currently have, or at any time during past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent; and (3) that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. [SAMHSA]

Target Community
"Target Community" means a subset of the priority service population, such as those residing in a geographic area or school catchment area, or a countywide target population (e.g., children and youth in foster care) that will be the focus for a PEI strategy.

Trauma
"Trauma" means a psychological or emotional reaction to an event or to enduring condition, in which the individual's emotional experience is overwhelmed, or they experience a perceived threat to life, bodily integrity, or sanity. [Sidran Traumatic Stress Foundation]

Trauma-Exposed
"Trauma-Exposed" means those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation and are unlikely to seek help from any traditional mental health service. [MHSOAC]

Underserved

"Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.

[MHSA Regulations]

Unserved

"Unserved" means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved. [MHSA Regulations]